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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 Application or Docket Number (Application or Docket Number)												mber ···
APPLICATION AS FILED — PART I (Column 1) (Column 2)								SMALL E	NTITY	OR	OTHER THAN SMALL ENTITY	
•	FOR		NUMBE	R FILED	NUMBE	NUMBER EXTRA		' RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	IC FEE FR 1.16(a), (b), or (c	;))	. N/A		. 1	N/A ,		N/A			N/A	
	RCH FEE FR 1.16(k), (I), or (m)))	N	/A .	1	N/A		N/A .	: <u>:</u>		· N/A	
	MINATION FEE FR 1.16(0), (p), or (c	1))	N/A		1	N/A		. N/A			N/A	
TOT	AL CLAIMS FR 1.16(i))			minus 20		•		× 25. =		OR	× 50 =	
INDE	PENDENT CLAI	MS		minus 3	=	•		x 105 =			× 210 =	
AP.P FEE	LICATION SIZE	she is \$ add	eets of (\$260 (\$ ditional	paper, th 130 for s 50 shee	e application sl mall entity) for ts or fraction the	drawings exceed 100 plication size fee due entity) for each fraction thereof. See and 37 CFR 1.16(s).			÷			
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))								185			3₹0	
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL			TOTAL	·
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
AMENDMENT A		CLAIN REMAIN AFTE AMENDI	NING R		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)
	Total (37 CFR 1.16(1))	15	,	Minus	35	-]	× 25 =		OR	х б0 =	
	Independent (37 CFR 1,16(h))			Minus *	 8	= (x 105 =		OR	× 210 =	
	Application Size Fee (37 CFR 1.16(s))					• .		10.6	····		274	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))							185		OR	340 TOTAL		
								TOTAL ADD'L FEE		OR	ADD'L FEE	
(Column 1) (Column 2) (Column 3)												
ENDMENT B		CLAIN REMAIN AFTE AMENDI	NNG .		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)
	Total (37 CFR 1.16(1))	•	. •	Minus *	**	=]	× 15 =		OR	× 50 =	
	Independent (37 CFR 1.16(h))	•	•		***	¥		× 105 =		OR	× 210 =	
AMEN							-	185			370 NA	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16())						J	***		OR		
	•				•		•	TOTAL ADD'L FEE		.OR	TOTAL ADD'L FEE	
	• If the entry in o	olumn 1 is Number Pr	less tha	n the entr Pald For	y in column 2, wri	te "0" in columi Is less than 20	n 3.), en	ter "20".		-		

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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